CERTIFICATE OF MEDICAL NECESSITY - OSTEOGENESIS STIMULATORS

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 722 (8-2006)

Clear Fields

SECTION A

Certification Date/Type	☐ Initial ☐ Revised
Name	Patient ID

SECTION B - Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.

Estimated Length of Need (Number of Months) 1-99 (99 = LIFETIME)

ANSWER QUESTIONS 1 - 3 FOR NONSPINAL OSTEOGENESIS STIMULATOR.
ANSWER QUESTIONS 4 - 6 FOR SPINAL OSTEOGENESIS STIMULATOR.
For questions about months, enter 1 - 99 or Does Not Apply. If less than one month, enter 1.

1. a) Does the patient have a nonunion of a long-bone fracture? ☐ Yes ☐ No ☐ Does Not Apply
   b) How many months prior to ordering the device did the patient sustain the fracture?

2. a) Does the patient have a failed fusion of a joint other than the spine? ☐ Yes ☐ No ☐ Does Not Apply
   b) How many months prior to ordering the device did the patient have the fusion?

3. Does the patient have a congenital pseudoarthrosis? ☐ Yes ☐ No ☐ Does Not Apply

4. a) Is the device being ordered as a treatment of a failed spinal fusion in a patient who has not had a recent repeat fusion? ☐ Yes ☐ No ☐ Does Not Apply
   b) How many months prior to ordering the device did the patient have the fusion?

5. a) Is the device being ordered as an adjunct to repeat spinal fusion surgery in a patient with a previously failed spinal fusion at the same level(s)? ☐ Yes ☐ No ☐ Does Not Apply
   b) How many months prior to ordering the device did the patient have the repeat fusion?
   c) How many months prior to ordering the device did the patient have the previously failed fusion?

6. a) Is the device being ordered as an adjunct to recent spinal fusion surgery in a patient who has had a multi-level fusion? ☐ Yes ☐ No ☐ Does Not Apply
   b) How many months prior to ordering the device did the patient have the multi-level fusion?

SECTION C - Narrative Description

Narrative description of all items, accessories and options ordered.

SECTION D - Physician Signature/Date

Signature	Date	(Signature and Date Stamps are not acceptable)